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In   10/550,772   02/08/2006   Reis, Travis M.   2859   1810   In   10/550,772   Reis, Travis M.   2859   1810   In   10/550,772   Reis, Travis M.   2859   Reis, Trav			TTAL LETTER (La	rge Entity)			Į.	
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE  TOTAL CLAIMS 12 20 = 0 0 x \$50.00 \$0.00  NDEP. CLAIMS 4 4 = 0 x \$200.00 \$0.00  Multiple Dependent Claims (check if applicable) \$0.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  Williple Dependent Claims (check if applicable) \$0.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account  Any additional filing fees required under 37 C.F.R. 1.16.  Any additional filing fees required under 37 C.F.R. 1.16.  Any additional filing fees required under 37 C.F.R. 1.16.  Any additional filing fees required under 37 C.F.R. 1.16.  Any additional filing fees required under 37 C.F.R. 1.16.  Dayment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Michael E. Zall  Attorney for Applicant  Two Yorkshire Drive  Suffern, NY 10901  (845) 357-4533  Dated: 08/09/2007	Application No.	Filing Date	Examiner	Customer	No.	Group Art Unit	Confirmation No.	
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INDEP. CLAIMS 4			<del></del>	CLAIMS PRESENT		RATE	FEE	
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Two Yorkshire Drive Suffern, NY 10901  (845) 357-4533  In hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 08/09/2007    Date   Signature of Person Mailing Correspondence	<ul> <li>□ Please charge Deposit Account No. in the amount of</li> <li>□ A check in the amount of to cover the filing fee is enclosed.</li> <li>□ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account</li> <li>□ Any additional filing fees required under 37 C.F.R. 1.16.</li> <li>□ Any patent application processing fees under 37 CFR 1.17.</li> <li>□ Payment by credit card. Form PTO-2038.</li> <li>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</li> </ul> Michael E. Zall							
Typed or Printed Name of Person Mailing Correspondence	Two Yorkshire Dr Suffern, NY 10901 (845) 357-4533	the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 08/09/2007    Date   Signature of Person Mailing Correspondence   Michael E. Zall						



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: KATSU ET AL.

Serial No:

10/550,772

Filed:

02/08/2006

For:

FOOT TILT ANGLE MEASURING METHOD.....

Examiner: Reis, Travis M.

Art Unit: 2859

**Commissioner for Patents** 

**PO BOX 1450** 

Alexandria, VA 22313-1450

Sir:

## **RESPONSE**

Responsive to the Office Action of April 11, 2007, to which response is now due by August 11, 2007, Applicant makes the following Amendments and Remarks.

Amendment to the Claims starts on Page 2.

Remarks start on page 7.